

Under the provisions of Section 413.031 of the Texas Workers' Compensation Act, Title 5, Subtitle A of the Texas Labor Code, effective June 17, 2001 and Commission Rule 133.305, titled Medical Dispute Resolution-General, and 133.307, titled Medical Dispute Resolution of a Medical Fee Dispute, a review was conducted by the Division regarding a medical fee dispute between the requestor and the respondent named above. This dispute was received on 5-12-03.

I. DISPUTE

Whether there should be reimbursement for CPT Codes: 97032, 97113, 97250, 97024, 97110, 97139, 99070, 95851 and 97035.

II. FINDINGS & RATIONALE

The following table identifies the disputed services and Medical Review Division's rationale:

No EOB or EOB Descriptor Code: Neither party in the dispute submitted EOBs for some of the disputed services identified below or an EOB that had descriptor. The requestor submitted convincing evidence that supports bills were submitted for audit. Since the insurance carrier did not raise the issue in their response that they had not had the opportunity to audit these bills and did not submit copies of the EOBs, the Medical Review Division will review these services per *Medical Fee Guideline*.

DOS	CPT CODE	Billed	Paid	EOB Denial Code	MAR\$ (Maximum Allowable Reimbursement)	Reference	Rationale
5-28-02 6-3-02 6-7-02 6-12-02 6-14-02 6-24-02 6-26-02	97032	\$40.00	\$0.00	No EOB	\$22.00 / 15 min	CPT Code Descriptor	MAR reimbursement of \$22.00 X 7 dates = \$154.00 is recommended
5-29-02 5-31-02 6-10-02	97032 (2)	\$80.00	\$0.00	No EOB	\$22.00 / 15 min	CPT Code Descriptor	MAR reimbursement of \$44.00 X 3 dates = \$132.00 is recommended
5-28-02	99070	\$24.00	\$0.00	No EOB	DOP	General Instructions GR (III)	The requestor did not dispute amount billed was not fair and reasonable; therefore, reimbursement of \$24.00 is recommended.
5-28-02	97139	\$50.00	\$0.00	No EOB	DOP	General Instructions GR (III)	The requestor did not dispute amount billed was not fair and reasonable; therefore, reimbursement of \$50.00 is recommended.
5-29-02 5-31-02 6-10-02	97035	\$76.00	\$0.00	No EOB	\$22.00/15 min X 2 = \$44.00	CPT Code Descriptor	MAR reimbursement of \$44.00 X 3 dates = \$132.00 is recommended

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6-3-02 6-7-02 6-12-02 6-14-02 6-24-02 6-26-02	97035	\$38.00	\$0.00	No EOB	\$22.00/15 min	CPT Code Descriptor	MAR reimbursement of \$22.00 X 6 dates = \$132.00 is recommended
5-31-02 6-3-02 6-7-02 6-10-02 6-12-02	97250	\$43.00 \$74.00 \$74.00 \$74.00 \$74.00	\$0.00	No EOB	\$43.00 or less, requestor billed \$35.00	CPT Code Descriptor	Myofascial realese to one or more regions - only one is allowed per visit, reimbursement of \$35.00 X 5 dates = \$175.00is recommended.
6-3-02 6-26-02	95851	\$63.00	\$0.00		\$36.00	CPT Code Descriptor	MAR reimbursement of \$36.00 X 2 dates = \$72.00 is recommended
6-14-02 6-24-02 6-26-02 1-23-03	97113	\$128.00			\$52.00/ 15 min	CPT Code Descriptor	See Rationale below.
5-28-02 5-29-02 5-31-02 6-7-02 6-10-02 6-12-02 6-14-02 6-24-02 10-30-02	97110	\$50.00	\$0.00		\$35.00/ 15 min	Medicine GR (I)(A)(9)(b)	
6-26-02 1-23-03	97110 (2)	\$100.00			\$35.00/15 min	Medicine GR (I)(A)(9)(b)	See Rationale Below
10-30-02	97530 (4)	\$252.00	\$0.00		\$35.00/15min X 4 = \$140.00	CPT Code Descriptor	MAR reimbursement of \$140.00 is recommended
1-23-03	97530 (3)	\$189.00	\$0.00		\$35.00/15min X 4 = \$105.00	CPT Code Descriptor	MAR reimbursement of \$105.00 is recommended
5-28-02 5-29-02 5-31-02 1-23-03	97024	\$39.00	\$0.00		\$21.00	CPT Code Descriptor	MAR reimbursement of \$21.00 X 4 dates = 84.00 is recommended.
6-20-02	99213	\$73.00			\$48.00	CPT Code Descriptor	MAR reimbursement of \$48.00 is recommended.
TOTAL							The requestor is entitled to reimbursement of \$1248.00.

Rationale for 97110 and 97113:

Recent review of disputes involving one-on-one supervision CPT codes by the Medical Dispute Resolution section indicate overall deficiencies in the adequacy of the documentation of this code both with respect to the medical necessity of one-on –one therapy and documentation reflecting that these individual services were provided as billed. Moreover, the disputes indicate confusion regarding what constitutes “one-on-one.” Therefore, consistent with the general obligation set forth in Section 413.016 of the Labor Code, the Medical Review Division has

reviewed the matters in light all of the Commission requirements for proper documentation. The therapy notes for these dates of service do not support any clinical (mental or physical) reason as to why the patient could not have performed these exercises in a group setting, with supervision, as opposed to one-to-one therapy. The Requestor has failed to submit documentation to support reimbursement in accordance with the 1996 MFG and 133.307(g)(3). Therefore, reimbursement is not recommended

III. DECISION & ORDER

Based upon the review of the disputed healthcare services within this request, the Division has determined that the requestor **is** entitled to reimbursement for CPT codes, 97032, 97250, 97024, 97139, 99070, 95851 and 97035 in the amount of **\$1248.00**. Pursuant to Sections 402.042, 413.016, 413.031, and 413.019 the Division hereby **ORDERS** the Respondent to remit **\$1248.00** plus all accrued interest due at the time of payment to the Requestor within 20 days receipt of this Order.

The above Findings, Decision and Order are hereby issued this 22nd day of February 2005.

Elizabeth Pickle
Medical Dispute Resolution Officer
Medical Review Division